

## CLAIMS ONLY

Application Number

1016210292

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3						
4						
5						
6		1				
7						
8						
9						
10						
11						
12	1					
13		1				
14						
15						
16						
17						
18						
19	1					
20						
21						
22		1				
23	1					
24						
25						
26		1				
27						
28		1				
29						
30		1				
31	1					
32						
33						
34						
35						
36						
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38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep.	5					
Total Depend.	15					
Total Claims	20					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
60						
61						
62						
63						
64						
65						
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93						
94						
95						
96						
97						
98						
99						
100						
Total Indep.						
Total Depend.						
Total Claims						